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ABSTRACT

This paper presents a taxonomy of variables which may be involved in the designation of one of the aged parents' offspring to fill the caretaker role in times of crisis. Extended family structures have become more nucleated under the influences of urbanization and industrialization. As a consequence, caring for the aged has become the responsibility of other social institutions. This paper cites several studies which have investigated the nature of generational differences in willingness to support aged parents. While caretaker behaviors may be viewed as a kind of leadership activity, numerous empirical studies have generally failed to find any consistent trait which can categorize leaders. Caretaker role behavior and its associated responsibilities have varied consequences for family patterns. Knowledge and hypotheses about the variables instrumental in the identification and selection of the caretaker family member might enable marriage and family therapists to deal more effectively with various problems stemming from the caretaker role. (Author/RVJ)

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ADULT CHILDREN AS CARETAKERS FOR AGED PARENTS: TOWARD A THEORETICAL FORMULATION

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ADULT CHILDREN AS CARETAKERS FOR AGED PARENTS: TOWARD A THEORETICAL FORMULATION

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Introduction

The focus of this paper is on developing the foundations for understanding potential helping responses of adult offspring to problems and crises involving their aged parents. These problems and crises include such things as the incapacitation of aged parents, the decision to take an elderly parent into one's home, and the decision to institutionalize aged parents. In some families, aged parents are left by their offspring to fend for themselves when confronted with a crisis or problem. But in many families, as Sussman (1965) has noted, one offspring usually comes to the parents' aid. In other words, one adult child assumes or is delegated the role of "responsible member." The purpose of this paper is to present a taxonomy of variables and processes which may be involved in the designation of one of the aged parents' offspring to fill the caretaker role in times of crisis. Moreover, some reasons why one sibling as compared to another may come to fill the role of family caretaker are suggested.

Sociological theorists have, at times, contended that industrialization had a disintegrating effect on the extended family system. The work of early theorists such as Weber, Durkheim, Simmel, Tonnies, and Mannheim emphasized the theme that the urban family tended to be an independent nuclear unit which was prone to isolation. The basic assumption was that patterns of urban living (e.g., independence, social distance, and mobility) were completely different from those of rural life (e.g., tradition, stability, and solidarity). And more recently, Linton (1959), Parsons (1943), and Wirth (1938) have suggested that the nuclear family is ideal for meeting the demands of geographical and occupational mobility, as well as other requirements closely associated with successful performance in urban, industrial societies.

Extended family structures (if indeed they ever did exist in the United States) have become more nucleated under the influences of urbanization and industrialization. And, as one consequence, some traditional family functions--such as caring for the aged--which were formerly per-

formed by the extended family network have often become the responsibility of other social institutions and social service agencies. In rural regions, however, where extended family ties are perhaps strong and social services less available, families probably rely on their kin to a great extent. Moreover, there are those who contend that even in the urban environment the larger kin structure has not been totally abandoned (Sussman, 1959). The situation has been summarized as follows:

> "The extended kin network is the basic social system in American urban society within which parent-adult child relationships are identified, described, and analyzed. The network is a pervasive system and includes member nuclear units interlocked within a structure of social relationships and mutual aid.
>
> The empirical evidence is conclusive on the existence of an extended kin family network in urban society. The evidence also refutes the notion that nuclear family units are isolated and dependent almost entirely for their maintenance and continuity upon the activities of other institutions and social systems." (Sussman, 1965:91-92)

Thus, although American families may sometimes appear to exist as isolated nuclear units, there seems to be an interlocking extended family network in which the nuclear families mutually help and support one another. Following the lead of Litwak (1960a and 1960b), Sussman and Burchinal (1962) term this structure a "modified extended family." Intrafamilial caretaker behavior can, then, be analyzed in the context of this modified extended system which is characteristic of urban America. Members of the network often see one another and help each other in meeting the demands, problems, and crises of everyday living.

Review of Literature

Family Crises

The challenge to account for family behavior in times of crisis has been most productive of theory focusing on the structure and functioning of the family as a whole (Broderick, 1971). Thus, it is hoped that this paper's attempt to delimit and categorize some of the variables associated with caretaker role behaviors might stimulate the general development of family theory.

Hill (1949) has developed two eclectic frameworks for analyzing family crises. His ABC→X model views a family crisis (X), as stemming

from the interaction of the characteristics of an event (A), the degree to which the family has resources for dealing with that event (B), and the family's definition of the event (C). Much of the theoretical work stimulated by this model has focused on the elaboration of the B part, i.e., on the factors influencing a family's material, structural, and morale resources for facing a crisis. Hill's "check-mark" model provides a framework for analyzing a family's reaction to crises. It employs two axes--a horizontal time line and a vertical dimension of family organization. The model consists of an initial level of organization, an angle of crisis, a period of disorganization, and a new level of organization.

Neither of two models focuses specifically on the caretaker role or its implications for family functioning. For example, if a caretaker is readily available, are the angle of crisis and period of disorganization lessened? And, which family member is most likely to fill the caretaker role under varying circumstances? In brief, few, if any, studies have focused either on the identification and prediction of a family caretaker or on the existence of such a role within the modified extended kinship system.

Family Interaction and Help Patterns

The almost universal finding from family studies regarding the interaction of older families and their adult children has been summarized by Rosenmayr and Kockeis (1963) as "intimacy at a distance." In other words, old parents wish to have meaningful contact with their adult offspring, but they do not wish to reside in the same household. Others have reported that the majority of older Americans who have children live within an hour's driving time of at least one of their offspring (c.f., Shanas, 1967 and Riley and Foner, 1968). Thus, some intergenerational contact is maintained, thereby providing a context for mutual helping and/or caretaking patterns.

Indeed, the presence of intergenerational helping in many families has been well documented (Streib, 1958 and Sussman, 1965). Aging parents do turn to their adult children for help in meeting many daily responsibilities (Shanas, 1967). Several studies have specifically investigated the nature of generational differences in willingness to support aged parents (Dinkle, 1944 and Wake and Sporakowski, 1972). Others (Gray and Smith, 1960; Robins and Tomanec, 1966; Townsend, 1968; Kosa, Rachiele, and

Schommer, 1960; Glasser and Glasser, 1962; and Dinkle, 1944) have reported on the effects of such variables as gender, ordinal position, social status, religious affiliation, and area of residence. While these variables are believed to have some effect upon willingness to support aged parents, the empirical findings have been somewhat contradictory. Of special note in light of the objectives of this paper is the fact that no particular concern has been given to isolating the specific variables involved in the selection or designation of a family caretaker who exercises leadership in family help patterns.

Leadership and the Caretaker Role

In a very broad sense, caretaker behaviors may be viewed as a kind of leadership activity, with both being associated with certain personality attributes. From this view, it follows that those attributes and qualities thought to influence leadership activity may similarly influence one's predisposition toward caretaker activities. (For example, certain personality characteristics may relate to dominance-submission patterns among offspring. Or, a prosocial and sympathetic orientation to others may result in greater empathy/sympathy, and hence, in a greater desire to alleviate the pain and suffering of aged parents. Finally, one's ability or capacity to deal with crises may influence his actions.) There is no evidence that such variables directly affect caretaker behavior; they must interact with a variety of other factors.

Consequently, a multidimensional interactional framework is required for an understanding of both leadership and caretaker behaviors. Reviews such as Stogdill (1948), Mann (1949), and Bass (1960) reveal that numerous empirical studies have generally failed to find any consistent trait or pattern of traits which categorize leaders, i.e., no unitary leadership trait has been identified. Gibb (1969) concludes that leadership is most likely a function of personality attributes and the social situation in dynamic interaction.

The leadership literature does, however, seem to indicate positive correlations between leadership and each of the following personality attributes: self-confidence, personality integration/adjustment, dominance, extraversion, empathy/interpersonal sensitivity. Huston (1974) has reviewed the findings from several studies on the relationship between personality characteristics and intervention (a manifestation of leadership or care-

taking) in emergency situations. In this respect, positive correlations have been found between intervention by bystanders in emergencies and the following personality attributes: a spirit of adventurousness; social marginality; positive and warm family relationships; a sympathetic orientation to others; and a belief in moral and prosocial values. The present paper suggests that such personality attributes might be important in determining which adult sibling comes to function as the family caretaker, e.g., the sibling possessing an abundance of these qualities may be the one most likely to serve in that role.

Furthermore, Gibb (1969) observes that leadership is but one facet of a larger process of role differentiation within a group; certain roles must be differentiated and performed in order for a group to formulate and achieve its goals (Parsons and Bales, 1955). Ross and Hendry (1961) state that roles accrue to different persons in terms of how individuals and the group perceive group needs, and in terms of the relative usefulness of a given member at different times. Recent findings by O'Neill and Alexander (1971), for example, indicate significant differences and reversals in patterns of dominance between husbands and wives under different task conditions. Additionally, Secord and Backman (1964) note that acts of leading will vary depending upon the situation, the task, interpersonal evaluations and perceptions within the group, and the interaction of all these. Consequently, acts of leading may be performed by any or all of the members of a group, i.e., each group member has the potential for leadership behavior.

Thus, one must conclude that the designation of a specific individual to perform certain group functions (e.g., leadership or caretaking) is largely dependent upon the nature of the task, the character of the group (family), the qualities of individual group (family) members, and the relationships among group (family) members. Leadership and caretaking behaviors, then, may be conceptualized as consequences of the interactions among personality, socio-cultural, situational, and group interaction variables. Such findings, when transferred to attempts at identifying who will take the caretaker role, suggest that a wide variety of interacting variables will need to be taken into account.

Thus, evidence has been presented supporting the existence of a modified extended kinship system in which there are patterns of mutual aid. While much research has been done concerning family crises, there have

been no direct efforts to explain which sibling becomes the caretaker for aged families in times of crisis or need. Small group leadership research provides one potential approach for predicting and explaining why and how a particular offspring comes to function as caretaker for aged parents.

Toward a Theoretical Formulation

As a preliminary step toward formulating a theory of caretaker behavior, this paper will formally identify and categorize some variables believed to be associated with the filling of the caretaker role. It should be noted that the following taxonomy, based on a literature review, is by no means definitive; other variables could be added to each category.

A Taxonomy of Variables

Four general categories of variables are hypothesized as being of some importance in the designation and identification of a family caretaker. These are personality variables, socio-cultural variables, situational variables, and family interactional variables.

Personality variables. As elaborated earlier, several personality attributes have been found to be positively correlated with leadership behaviors. These same characteristics may also have some relationship to the caretaker role. If this is true, then the following personality variables constitute a beginning list of factors which ought to be correlated with a general willingness to help aged parents: a) a prosocial orientation toward others; b) skills and competencies related to an ability to solve crises; c) a feeling of social responsibility; d) self-confidence; e) personality integration/adjustment; f) extraversion; g) empathy/interpersonal sensitivity; and h) dominance. Additionally, the personality attributes of the aged parents themselves are probably of some importance.

Socio-cultural and demographic variables. In addition to the several personality factors mentioned above, there are some socio-cultural and/or demographic variables which might influence an adult offspring's caretaker behavior and/or his perceived degree of responsibility to help aged parents. Such variables would include: a) sex of the offspring; b) ordinal position; c) socioeconomic status of the offspring and his family; d) the relative proximity of each sibling to their aged parents; e) marital status; and f) type of occupation.

Situational variables. A third category of variables hypothesized as affecting an offspring's caretaker predispositions might be termed situational. Included here are factors such as: a) the nature or type of problem involving aged parents; b) the perceived severity of the problem or crisis; c) the specific nature of the caretaking task, e.g., instrumental versus socio-emotional; and d) the presence and availability of community resources for aiding and assisting elderly persons. Different offspring might respond to the caretaking need depending on the circumstances.

Family interaction variables. Several factors in a family's history of interaction should be considered in thinking about who might be expected to fill the caretaker role. For example, the nature of early childhood experiences has been shown to be moderately related to the nature of one's relationships with his aged parents (Turner, 1970). Thus, it is suggested that past child rearing experiences may influence an offspring's predisposition toward taking the caretaker role. In like fashion, previous intra-familial leadership patterns, established in years past, probably affect the designation of a caretaker. Other pertinent variables in this category might include factors such as: a) the relative degrees of affective attachment which siblings have for their parents; b) the nature of inter-sibling relationships and interactions; c) the nature of aged parents-adult offspring relationships and interactions; d) the feelings and sentiments of the offspring's family of procreation concerning caretaker behavior; and e) the nature and extend of an offspring's extra and nonfamilial activities and responsibilities.

A Tenative Model

Working from the view that families are a type of small group, it has been assumed that the maintenance of the family depends upon the fulfillment of at least two kinds of functions: a) the performance of tasks for coping with the objective environment, i.e., goal achievement and b) the maintenance of social relationships among family members, i.e., maintenance of group solidarity or morale (Parsons and Bales, 1955). Crisis events--for example, the incapacitation of aged parents or the need to institutionalize an old parent--may be viewed as interfering with the fulfillment of basic group needs and functions. One possible consequence of this interference is disequilibrium in the modified extended kinship system. To satisfy basic group functions and to help restore equilibrium, a caretaker role

emerges. And as noted at the outset, intra-familial caretaker roles are generally filled by family members; and in the particular case of the aged family, such roles are often assumed by or delegated to one adult offspring (Sussman, 1965).

A tenative model would suggest that caretaker behavior might be viewed as a function of Offsprings' relative degrees of perceived caretaker responsibility (PCR). In turn, PCR is conceived of as being a function of complex interactions within and among the four categories of variables outlined in the taxonomy.

Once relative degrees of PCR have been established, the model would imply that the sibling possessing the greatest degree of PCR would be the one most likely to fill the caretaker role. However, there may be yet another complex process involved (especially when PCR levels are quite similar) in determining whether or not the "best leader" will accept the caretaker role. This is a bargaining-negotiating process in which the adult siblings may engage. Given relative similar levels of PCR, certain trade-offs among the siblings may determine which one serves as the caretaker. For example, one sibling might agree to "look after dad," provided that the others agree to contribute fifty dollars per month; or, siblings might agree to care for their aged parents on a rotating basis.

The PCR model raises more questions than it answers; and indeed, this is its purpose. Several interesting questions include the following: Does any one category of variables exert more influence than another on PCR? Within each category, which specific variables are the most salient? Under what conditions does one variable affect PCR more than another? For example, if two siblings have the same degree of affective attachment to their parents, does their relative proximity tilt the PCR scale to the one who lives nearest; or, is the nature of the task more important? Also, what is the nature of the inter-sibling negotiation process? In short, the model provides a framework suggesting that both PCR and caretaker behavior are probably contingent upon a complex and dynamic interaction among a large number of variables.

A "Sucker's" Role?

Prior discussion and the PCR model would seem to imply that the sibling possessing the abundance of resources and the greatest leadership qualities

would tend to be the one who fills the caretaker role. However, that role could very easily be a "sucker's" role. It might be a role filled by default. Suppose, for example, that the "best leader" (i.e., the one with the most resources and leadership attributes, but not necessarily the greatest PCR) elects not to perform the duties of family caretaker. Responsibility might then filter to the "sucker" who unwittingly finds him of herself in the role. In other words, perhaps that sibling who cannot say "No!" is the one who becomes saddled with the responsibility for maintaining elderly parents. And if the "sucker" refuses the role, then the responsibility probably passes to some extra-familial agency or institution.

Implications for Practice

Caretaker role behavior and its associated responsibilities have varied and practical consequences for both family patterns and individual personality. For example, the duties and obligations inherent in the role may have marked effects upon the nature and quality of husband-wife and parent-child relations within the nuclear family unit. If a spouse-parent is preoccupied with caretaking responsibilities, other nuclear family members may come to feel neglected, deprived, bitter, jealous, or resentful, depending upon how they view the caretaker's activities. This, in turn, might produce family disagreement and turmoil. Moreover, inter-sibling conflict, which may arise from the bargaining-negotiating process, may be yet another consequence of the caretaker role.

Additionally, caretaker responsibilities might affect the individual in terms of such things as his or her anxiety, resentment, guilt, achievement motivations, personal development and fulfillment, and self-esteem. One might not receive a job promotion, for instance, if he or she is unable to relocate because of dependent parents; or, one might suffer extreme guilt feelings from taking a vacation away from elderly parents. There may perhaps be some positive outcomes from filling the caretaker role, e.g., feelings of self-satisfaction from helping others and achieving a feeling of worth. But overall, it appears that the negative consequences of the role far outweigh the positive ones, especially if the role is of long duration.

Thus, the caretaker role does have several implications for family interventionists. Knowledge and hypotheses about the variables and pro-

cesses which are instrumental in the identification and selection of the aged family caretaker might enable marriage and family therapists, as well as other interventionists, to deal more effectively with the various problems stemming from the caretaker role.

Some very broad parameters of caretaker behavior have now been outlined; they need to be expanded, enlarged, and refined. Hopefully, this paper will serve as a stimulus for future research in this important area/

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